

City of Northampton Building Department 212 Main Street Room 100 Northampton, MA 01060 phone 413-587-1240 Fax 413-587-1272	Department use only Status of Permit: Curb Cut/Driveway Permit _____ - Sewer/Septic Availability _____ Water/Well Availability _____ Two Sets of Structural Plans _____ Plot/Site Plans _____ Other Specify _____
APPLICATION TO CONSTRUCT, REPAIR, RENOVATE, CHANGE THE USE OR OCCUPANCY OF, OR DEMOLISH ANY BUILDING OTHER THAN A ONE OR TWO FAMILY DWELLING	

SECTION 1 - SITE INFORMATION			
1.1 <u>Property Address:</u>		This section to be completed by office	
		Map	Lot
		Zone	Unit
		Overlay District	
		Elm St. District	CB District
SECTION 2 - PROPERTY OWNERSHIP/AUTHORIZED AGENT			
2.1 <u>Owner of Record:</u>			
Name (Print) _____		Current Mailing Address: _____	
Signature _____		Telephone _____	
2.2 <u>Authorized Agent:</u>			
Name (Print) _____		Current Mailing Address: _____	
Signature _____		Telephone _____	
SECTION 3 - ESTIMATED CONSTRUCTION COSTS			
Item	Estimated Cost (Dollars) to be completed by permit applicant	Official Use Only	
1. Building		(a) Building Permit Fee	
2. Electrical		(b) Estimated Total Cost of Construction from (6)	
3. Plumbing		Building Permit Fee	
4. Mechanical (HVAC)			
5. Fire Protection			
6. Total = (1 + 2 + 3 + 4 + 5)		Check Number	
This Section For Official Use Only			
Building Permit Number		Date Issued	
Signature: _____			
Building Commissioner/Inspector of Buildings		Date	

SECTION 4- CONSTRUCTION SERVICES FOR PROJECTS LESS THAN 35,000 CUBIC FEET OF ENCLOSED SPACE

Interior Alterations	Existing Wall Signs	Demolition	Repairs	Additions	Accessory Building
Exterior Alteration	Existing Ground Sign	New Signs	Roofing	Change of Use	Other

**Brief Description
Of Proposed Work:**

SECTION 5 - USE GROUP AND CONSTRUCTION TYPE

USE GROUP (Check as applicable)				CONSTRUCTION TYPE	
A Assembly <input type="checkbox"/>	A-1 <input type="checkbox"/>	A-2 <input type="checkbox"/>	A-3 <input type="checkbox"/>	1A	<input type="checkbox"/>
	A-4 <input type="checkbox"/>	A-5 <input type="checkbox"/>		1B	<input type="checkbox"/>
B Business <input type="checkbox"/>				2A	<input type="checkbox"/>
E Educational <input type="checkbox"/>				2B	<input type="checkbox"/>
F Factory <input type="checkbox"/>	F-1 <input type="checkbox"/>	F-2 <input type="checkbox"/>		2C	<input type="checkbox"/>
H High Hazard <input type="checkbox"/>				3A	<input type="checkbox"/>
I Institutional <input type="checkbox"/>	I-1 <input type="checkbox"/>	I-2 <input type="checkbox"/>	I-3 <input type="checkbox"/>	3B	<input type="checkbox"/>
M Mercantile <input type="checkbox"/>				4	<input type="checkbox"/>
R Residential <input type="checkbox"/>	R-1 <input type="checkbox"/>	R-2 <input type="checkbox"/>	R-3 <input type="checkbox"/>	5A	<input type="checkbox"/>
S Storage <input type="checkbox"/>	S-1 <input type="checkbox"/>	S-2 <input type="checkbox"/>		5B	<input type="checkbox"/>
U Utility <input type="checkbox"/>	Specify:				
M Mixed Use <input type="checkbox"/>	Specify:				
S Special Use <input type="checkbox"/>	Specify:				

COMPLETE THIS SECTION IF EXISTING BUILDING UNDERGOING RENOVATIONS, ADDITIONS AND/OR CHANGE IN USE

Existing Use Group:

Proposed Use Group:

Existing Hazard Index 780 CMR 34):

Proposed Hazard Index 780 CMR 34):

SECTION 6 BUILDING HEIGHT AND AREA

BUILDING AREA EXISTING	PROPOSED NEW CONSTRUCTION	OFFICE USE ONLY
Floor Area per Floor (sf)		
1 st	1 st	
2 nd	2 nd	
3 rd	3 rd	
4 th	4 th	
Total Area (sf)	Total Proposed New Construction (sf)	
Total Height (ft)	Total Height ft	
7. Water Supply (M.G.L. c. 40, § 54) Public <input type="checkbox"/> Private <input type="checkbox"/>	7.1 Flood Zone Information: Zone <input type="checkbox"/> Outside Flood Zone <input type="checkbox"/>	7.3 Sewage Disposal System: Municipal <input type="checkbox"/> On site disposal system <input type="checkbox"/>

8. NORTHAMPTON ZONING

	Existing	Proposed	Required by Zoning This column to be filled in by Building Department
Lot Size			
Frontage			
Setbacks <u>Front</u> <u>Side</u> <u>Rear</u>	L: _____ R: _____	L: _____ R: _____	
Building Height			
Bldg. Square Footage		%	
Open Space Footage (Lot area minus bldg & paved parking)		%	
# of Parking Spaces			
Fill: (volume & Location)			

A. Has a Special Permit/Variance/Finding **ever** been issued for/on the site?

NO

DON'T KNOW

YES

IF YES, date issued:

IF YES: Was the permit recorded at the Registry of Deeds?

NO

DON'T KNOW

YES

IF YES: enter Book Page and/or Document #

B. Does the site contain a brook, body of water or wetlands? NO DON'T KNOW YES

IF YES, has a permit been or need to be obtained from the Conservation Commission?

Needs to be obtained

Obtained

, Date Issued:

C. Do any signs exist on the property? YES NO

IF YES, describe size, type and location:

D. Are there any proposed changes to or additions of signs intended for the property ? YES NO

IF YES, describe size, type and location:

E. Will the construction activity disturb (clearing, grading, excavation, or filling) over 1 acre or is it part of a common plan that will disturb over 1 acre? YES NO

IF YES, then a Northampton Storm Water Management Permit from the DPW is required.

SECTION 9- PROFESSIONAL DESIGN AND CONSTRUCTION SERVICES - FOR BUILDINGS AND STRUCTURES SUBJECT TO CONSTRUCTION CONTROL PURSUANT TO 780 CMR 116 (CONTAINING MORE THAN 35,000 C.F. OF ENCLOSED SPACE)**9.1 Registered Architect:**

Name (Registrant): _____ Address _____ Signature _____ Telephone _____	Not Applicable <input type="checkbox"/> _____ Registration Number _____ Expiration Date _____
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9.2 Registered Professional Engineer(s):

Name _____ Address _____ Signature _____ Telephone _____	_____ Area of Responsibility _____ Registration Number _____ Expiration Date _____
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Name _____ Address _____ Signature _____ Telephone _____	_____ Area of Responsibility _____ Registration Number _____ Expiration Date _____
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Name _____ Address _____ Signature _____ Telephone _____	_____ Area of Responsibility _____ Registration Number _____ Expiration Date _____
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Name _____ Address _____ Signature _____ Telephone _____	_____ Area of Responsibility _____ Registration Number _____ Expiration Date _____
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9.3 General Contractor

Company Name: _____ Responsible In Charge of Construction _____ Address _____ Signature _____ Telephone _____	Not Applicable <input type="checkbox"/> _____ _____ _____ _____
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SECTION 10- STRUCTURAL PEER REVIEW (780 CMR 110.11)

Independent Structural Engineering Structural Peer Review Required

Yes

No

SECTION 11 - OWNER AUTHORIZATION - TO BE COMPLETED WHEN OWNERS AGENT OR CONTRACTOR APPLIES FOR BUILDING PERMIT

I, _____, as Owner of the subject property

hereby authorize _____ to
act on my behalf, in all matters relative to work authorized by this building permit application.

Signature of Owner

Date

I, _____, as Owner/Authorized

Agent hereby declare that the statements and information on the foregoing application are true and accurate, to the best of my knowledge and belief.

Signed under the pains and penalties of perjury.

Print Name

Signature of Owner/Agent

Date

SECTION 12 - CONSTRUCTION SERVICES**10.1 Licensed Construction Supervisor:****Name of License Holder :** _____

Address _____

Signature _____

Telephone _____

Not Applicable

License Number _____

Expiration Date _____

SECTION 13 -WORKERS' COMPENSATION INSURANCE AFFIDAVIT (M.G.L. c. 152, § 25C(6))

Workers Compensation Insurance affidavit must be completed and submitted with this application. Failure to provide this affidavit will result in the denial of the issuance of the building permit.

Signed Affidavit Attached Yes

No